

Policy: Resident Supervision	Effective Date: 04/2019
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Authorized by: Graduate Medical Education Committee	Replaces: V3
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PURPOSE

To ensure the Sponsoring Institution provides appropriate supervision for all residents consistent with competent and safe patient care, the educational needs of residents, and the applicable ACGME Requirements.

SCOPE

1. Department of Medical Education
2. Baptist Health Medical Center - North Little Rock
3. Baptist Health Medical Center - Little Rock
4. Baptist Health Medical Center - Conway

POLICY

1. There must be sufficient institutional oversight to ensure residents are appropriately supervised. Appropriate supervision means a resident is supervised by the teaching faculty in such a way the residents assume progressively increasing responsibility according to their level of education, proven ability, and experience. A variety of types of supervision could be used as indicated by situation and resident need. On-call schedules for teaching faculty must be structured to ensure supervision is readily available to residents on duty. The level of responsibility accorded to each resident must be determined by the Program Director and the teaching faculty.
2. Levels of Supervision
 - a. Direct: The supervising physician is physically present with the resident and patient.
 - b. Indirect: With supervision immediately available the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
 - i. The supervising physician must be readily available by phone and/or other electronic modalities within 15 minutes of an initial attempt and is available to provide direct supervision in the event of an emergency or at resident request.
 - c. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered.
3. It is the responsibility of the individual Program Director to establish a detailed written policy describing the resident supervision at each level for his or her residency programs.

- a. The requirements for on-site supervision will be established by the Program Director for each residency program in accordance with the Accreditation Council for Graduate Medical Education (ACGME) guidelines and should be monitored through periodic department reviews, with institutional oversight through the Graduate Medical Education Committee (GMEC) internal review process.
 - b. Policies should support effective supervisor behaviors and should set clear expectations relating to:
 - i. When a resident should call a supervising physician;
 - ii. How to call – provide accurate pager/phone numbers;
 - iii. Residents’ role in the care of the patient; and
 - iv. Creating a safe learning environment;
 - v. Reassuring the resident that it is always appropriate to call if uncertain.
4. General resident expectations in addition to program-specific policy:
- a. A resident should know and follow the program specific policies regarding resident supervision;
 - b. If a resident is uncertain about whether to call a supervising physician, he or she should always call;
 - c. If a patient has a change in status, a resident should call his or her supervising physician;
 - d. A resident should present data to supervisor accurately;
 - e. A resident should provide feedback to supervisor regarding what was helpful; and
 - f. A resident should report to the Program Director if a supervising physician fails to respond to a call or otherwise provide required supervision.
5. Supervising physician expectations in addition to program-specific policy:
- a. Be readily available
 - i. Answer pages and phone calls promptly.
 - ii. Engage in planned communication with residents (schedule times for calls); and
 - iii. Balance supervision with resident autonomy
 - b. Be respectful
 - i. Be patient with the resident regardless of time of day.
 - ii. Harassment, bullying, or belittling of a resident will not be tolerated and will be addressed at the appropriate program oversight level.

RELATED POLICIES

Created 09/2016

Reviewed 04/2019

Revised
04/2019